

FULL TIME POLICE OFFICER (LATERAL ENTRY)

REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION:

- 1) RESUME WITH THREE (3) PROFESSIONAL REFERENCES
- 2) PHOTOCOPY OF STATE CERTIFICATION
- 3) PHOTOCOPY OF BIRTH CERTIFICATE
- 4) PHOTOCOPY OF HIGH SCHOOL DIPLOMA
- 5) CLEAR COPY OF DRIVERS LICENSE
- 6) PHOTOCOPY OF SOCIAL SECURITY CARD
- 7) PHOTOCOPY OF FOID CARD
- 8) SIGNED AUTHORIZATION TO RELEASE INFORMATION WAIVER
- 9) PHOTOCOPY OF DD-214 SHOWING STATUS OF DISCHARGE (IF APPLICABLE)

ALL APPLICATIONS SHOULD BE NEATLY PRINTED OR TYPED AND RETURNED IN PERSON OR BY MAIL TO THE DOLTON POLICE DEPARTMENT NO LATER THAN AUGUST 1ST, 2019 BY 5PM. THE PROCESS WILL BE ON-GOING FROM POSTING DATE, COMPLETED APPLICATIONS RETURNED SOONER THAN DEADLINE WILL BE PROCESSED AND CONTACTED SOONER.

DOLTON POLICE DEPARTMENT
14030 PARK AVE
DOLTON, IL 60419

POINT OF CONTACT:

OFFICER MASUCCI

708-201-3200

LMASUCCI@VODOLTON.ORG

Application For Employment



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please Type or Print Clearly

| | |
|---|----------------------|
| Position Applied For: | Date of Application: |
| How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____ | |

| | | | |
|----------------------|------------------------|-------------|-----|
| Last Name | First Name | Middle Name | |
| Address | City | State | Zip |
| Telephone Number (s) | Social Security Number | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO
If Yes, what date? _____

Are you currently employed? YES NO

May we contact your present employer?

Are you prevented from lawful employment in this country
Due to Visa or Immigration status? (proof of status is required.) YES NO

When will you be available to start work? YES NO

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if the job requires it? YES NO

Have you been convicted of a felony within the last 7 years? If yes, please explain below: YES NO

Conviction will not necessarily disqualify an applicant from employment.

Employment History



Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | |
|---|----------------|-------------|----------------|
| 1. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address: | | | |
| Telephone Number (s) | | | |
| Job Title | | | |
| Reason for Leaving: | | Supervisor: | |
| Hourly Rate: _____ Starting _____ Final | | | |

| | | | |
|---|----------------|-------------|----------------|
| 2. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address: | | | |
| Telephone Number (s) | | | |
| Job Title | | | |
| Reason for Leaving: | | Supervisor: | |
| Hourly Rate: _____ Starting _____ Final | | | |

| | | | |
|---|----------------|-------------|----------------|
| 3. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address: | | | |
| Telephone Number (s) | | | |
| Job Title | | | |
| Reason for Leaving: | | Supervisor: | |
| Hourly Rate: _____ Starting _____ Final | | | |

Employment History Con...



Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | |
|---|----------------|-------------|----------------|
| 4. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address: | | | |
| Telephone Number (s) | | | |
| Job Title | | | |
| Reason for Leaving: | | Supervisor: | |
| Hourly Rate: _____ Starting _____ Final | | | |

| | | | |
|---|----------------|-------------|----------------|
| 5. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address: | | | |
| Telephone Number (s) | | | |
| Job Title | | | |
| Reason for Leaving: | | Supervisor: | |
| Hourly Rate: _____ Starting _____ Final | | | |

If you need additional space, please continue on a separate sheet of paper.

May we contact your previous employer (s) ?

YES NO

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Signature of Applicant

Date

Criminal History



Have you ever been arrested? Yes No

If yes, please explain when arrested, where arrested, and the charges: _____

Criminal History

| | | | | |
|--|---|-------------------------|---------------|---------------------|
| Have you ever been convicted? ___ Yes ___ No If yes, Please explain: | Date: | By whom (Police Agency) | Crime Charged | Disposition of Case |
| | | | | |
| | | | | |
| Have you ever been placed on probation? ___ Yes ___ No | If yes, please explain: | | | |
| Have you ever been placed on probation? ___ Yes ___ No | If yes, please explain: | | | |
| Have you ever been reported as a missing person or a runaway? ___ Yes ___ No | If yes, please explain: | | | |
| Have you ever been the victim of a crime? ___ Yes ___ No Was the crime reported to the police? ___ Yes ___ No | If you were a "victim," please explain: | | | |

| | | | |
|--|--------|------|---------|
| Have you ever been fingerprinted by a police agency other than for an arrest? ___ Yes ___ No If yes, explain: | Agency | Date | Purpose |
| | | | |
| | | | |

List all Traffic Citations You Have Received

| Location (City) | Approximate Date | Nature of Violation | Disposition of Case |
|-----------------|------------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Are there any warrants traffic or otherwise now pending against you? YES NO

If yes, explain: _____



Village of Dolton Police Department



Riley H. Rogers
Mayor

Ernest O. Mobley
Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL & CRIMINAL INFORMATION

For a period of one year from the execution of this form, I _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Dolton Police, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed: records maintained by the National Personnel Records Center, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest. This authorization is made pursuant to appointment to the office of

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Dolton. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information: and I do hereby release said person(s) from any and all liability which may be incurred as a result of collecting such information.

A photocopy of FAX of this release form will be valid as an original thereof, even though the said photography or a FAX does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information & Criminal Information"

Witness

Signature (include Maiden Name)

Date

Address

Notarized: _____

City/State/Zip

Seal: _____

DOB: _____

SSN: _____

DL #: _____